

Personnel Administration

# **MASSACHUSETTS STATE DEFENSE FORCE PERSONNEL MANAGEMENT**

Joint Forces Headquarters  
Departments of the Army and the Air Force  
Massachusetts National Guard  
Milford, MA  
4 March 2011

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

TAGMA PAM 10-6-1

Massachusetts State Defense Force Personnel Management

This initial version, dated 4 March 2011 - -

- Outlines all personnel management policies for the Massachusetts State Defense Force.
- Establishes criteria for membership ineligibility (para 2-3).
- Establishes criteria for appointment as an officer (para 3-1).
- Provides guidance on professional appointments for officers (para 3-2).
- Provides guidance on determination of grade for all officer appointments (para 3-3).
- Establishes criteria for warrant officer appointments (para 4-1).
- Provides guidance on determination of grade for warrant officer appointments (para 4-2).
- Establishes criteria for enlistments (para 5-1).
- Provides guidance on determination of grade for enlistments (para 5-2).
- Clearly defines membership application procedures (chapter 6).
- Clarifies duty statuses for Massachusetts State Defense Force operations (para 7-1).
- Provides guidance on the organizational Table of Distribution and Allowances (para 7-2).
- Details separation procedures (chapter 9).
- Includes standards for maximum allowable weight (app B).

Joint Forces Headquarters  
Departments of the Army and the Air Force  
Massachusetts National Guard  
Milford, MA  
4 March 2011

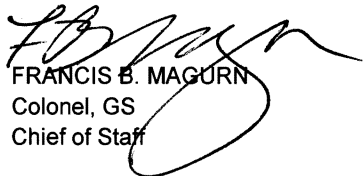
\*The Adjutant General Massachusetts  
Pamphlet 10-6-1

## Personnel Administration

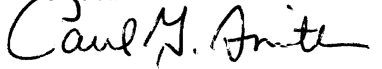
### Massachusetts State Defense Force Personnel Management

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For The Adjutant General:

  
FRANCIS B. MAGURN  
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Official:

  
PAUL G. SMITH  
Brigadier General, MAARNG  
Assistant Adjutant General, Army

**History.** This new printing is in part a major revision of TAGMA Pamphlet 10-6, dated 1 May 2000. Changes include

replacing all references to the Massachusetts Military Reserve with the Massachusetts State Defense Force as well as the force's complete administrative reorganization.

**Summary.** This pamphlet provides guidance regarding personnel management of the Massachusetts State Defense Force.

**Applicability.** This pamphlet applies to the Massachusetts State Defense Force.

**Proponent and exception to policy.** Assistant Adjutant General, Army.

**Suggested Improvements.** Users of this publication are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to Deputy Chief of Staff, Information Management at JFHQ, 50 Maple Street, Milford, MA 01757-3604.

**Distribution.**  
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## **Glossary**

## **Chapter 1**

### **Introduction**

#### **1-1. Purpose**

This pamphlet outlines personnel management policies of the Massachusetts State Defense Force (MSDF).

#### **1-2. References**

Required and related publications and prescribed and referenced forms are listed in Appendix A.

#### **1-3. Responsibilities**

- a. The Adjutant General serves as the appointing and approval authority for all MSDF personnel actions. This authority or any portion thereof may be delegated to the Assistant Adjutant General, Army and/or Commander, MSDF.
- b. The Director, Militia Affairs administratively facilitates all personnel transfers between the MSDF and the State Retired List.
- c. The Commander, MSDF ensures personnel compliance with all applicable policies and regulations contained in this publication.
- d. The Deputy Chief of Staff, Personnel executes orders publication for certain personnel actions as outlined in this publication.

## **Chapter 2**

### **General**

#### **2-1. Policy**

The MSDF requires a competent and professional cadre of skilled members dedicated to upholding the basic tenets of the Army Values and Air Force Core Values in the execution of their duties in service to the Commonwealth. All personnel actions prescribed herein will be made without regard to race, color, religion, national origin, gender, sexual orientation, or ancestry.

#### **2-2. Relative Rank**

MSDF Personnel will rank among themselves in the conduct of routine business but will, when ordered to State Active Duty with pay, rank among the officers and noncommissioned officers of the Massachusetts National Guard of the same grade.

#### **2-3. Ineligibility**

The following persons are ineligible for appointment in the MSDF:

- a. Those subversive or disloyal to the governments of the United States of America and/or the Commonwealth of Massachusetts.
- b. Those convicted of a felony by any civilian or military court as well as those persons on parole or probation.
- c. Those dropped from the rolls or released from any Uniformed Service of the United States under other than honorable conditions, for unsatisfactory service, by resignation in lieu of court martial, by elimination for any form of corrective or disciplinary action, for the good of the service, or for presenting a security risk.
- d. Persons with former military service who were discharged with a reenlistment code of RE-4. Those with an RE-3 code will be considered on a case-by-case basis.
- e. Persons presently serving in the Armed Forces of the United States or any reserve component thereof.
- f. Persons presently serving in the State Defense Force of any other state, the Commonwealth of Puerto Rico, the District of Columbia, Guam, or the Virgin Islands.
- g. Members of any paramilitary training organization not authorized by Congress or the Massachusetts General Court.
- h. Persons who do not meet current height/weight standards outlined in Appendix B.

## **Chapter 3**

### **Officer Appointments**

### 3-1. Eligibility

Individuals meeting all eligibility requirements outlined below may apply for MSDF membership:

- a. Age. Applicants must be at least 21 years of age and no more than 58 years of age without prior military service or 64 years of age with prior military service. Interested persons with former military service who exceed this age requirement should be advised of opportunities for continued service through the State Retired List (see TAGMA Pam 600-8-7).
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the Commonwealth of Massachusetts, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a bachelors degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs.
- e. Military Service. All applicants (except those applying for professional appointments in accordance with Paragraph 3-2) must hold federal recognition as a former commissioned officer of the Uniformed Services of the United States and have earned an honorably characterized discharge for all periods of service.
- f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the MSDF Command Surgeon.

### 3-2. Professional Appointments

This section defines requirements for initial appointment of MSDF members who serve as chaplains, health service personnel, legal officers, and skilled professionals. Those who receive professional appointments as such shall not be eligible to serve as the MSDF commander and shall not normally serve in command positions at the battalion level.

- a. Chaplains. MSDF chaplains are ordained, ecclesiastically endorsed clergypersons who meet the educational requirements specified in DoD Directive 1304.19. Specifically, they must have completed a 72-semester hour (108 quarter hours) graduate degree program in the field of theological or related studies from a qualifying educational institution. A qualifying institution is an accredited college, university, or school of theology listed in the current edition of the American Council on Education or any unaccredited institution meeting the requirements as listed in DoD Directive 1304.19.
- b. Health Services Personnel. MSDF health professionals who must hold a doctoral degree are Physicians (MD and DO), Veterinarians (DVM), Optometrists (OD), Chiropractors (DC), Dentists (DMD and DDS), Psychologists (PsyD and PhD), and Podiatrists (DPM). These officers shall be Category 1 Health Services Personnel. Health professionals applying to serve in other capacities (Category 2 Health Services Personnel) must hold a bachelors, masters, or doctoral degree in their field and include Audiologists, Biomedical Laboratory Technologists, Clinical Mental Health Professionals, Dieticians, Health Service Administrators, Nurse Practitioners, Pharmacists, Physical Therapists, Physician Assistants, Public Health Specialists, Occupational Therapists, Registered Nurses, Respiratory Therapists, and Social Workers. All health professionals must provide proof of current unrestricted licensure, registration, or certification in Massachusetts, where such is required by law or regulation.
- c. Legal Officers. MSDF legal officers are licensed attorneys authorized to practice law in the Commonwealth of Massachusetts. Attorneys must provide proof of current licensure.
- d. Skilled Professionals. MSDF skilled professionals are officers who hold critical skills, such as in the field of information technology and public affairs, as determined by the Commander, MSDF. Additional proof of current licensure, registration, certification, experience, and/or education may be required by the MSDF for such appointments.

### 3-3. Determination of Grade

Personnel will be appointed to the MSDF in their highest federally recognized grade satisfactorily held or, if approved by the MSDF commander, one grade higher; provided, however, that no MSDF officer shall hold any grade higher than colonel with exception of the commander, who shall serve as a brigadier general. MSDF officers who receive a professional appointment will be appointed in either their highest federally recognized grade satisfactorily held or as follows, whichever is higher in rank:

- a. Chaplains. Chaplains with a bachelors degree and less than 7 years ministry experience will be appointed as a first lieutenant. Those with either (1) a bachelors degree and a seminary degree or (2) a bachelors degree and more than 7 years of ministry experience will be appointed as a captain. Those with a bachelors degree and more than 15 years of ministry experience will be appointed as a major.
- b. Health Services Personnel. All Category 1 personnel with less than 10 years of professional experience will be appointed as captains, with more than 10 years of professional experience will be appointed as majors, and with more than 20 years of professional experience will be appointed as lieutenant colonels. All Category 2 personnel with less than 10 years of professional experience will be appointed as first lieutenants, with more than 10 years of professional experience will be appointed as captains, and with more than 15 years of professional experience will be appointed as majors.
- c. Legal Officers. Licensed attorneys shall be initially appointed in the MSDF as captains. Those with 15 or more years of experience as an attorney shall be appointed as majors.

d. Skilled Professionals. Skilled professionals with a bachelors degree and less than 5 years of professional experience shall be appointed in the MSDF as second lieutenants. Those with either a masters degree or between 5 and 10 years of professional experience shall be appointed as first lieutenants. Those with either a doctoral degree or more than 10 years of professional experience shall be appointed as captains.

## **Chapter 4**

### **Warrant Officer Appointments**

#### **4-1. Eligibility**

Individuals meeting all eligibility requirements outlined below may apply for MSDF membership:

- a. Age. Applicants must be at least 25 and no more than 64 years of age. Interested persons with former military service who exceed this age requirement should be advised of opportunities for continued service through the State Retired List (see TAGMA Pam 600-8-7).
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the Commonwealth of Massachusetts, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a high school diploma or have passed the General Educational Development Test. A bachelors degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs is preferred.
- e. Military Service. All applicants must hold federal recognition as a former warrant officer of the Uniformed Services of the United States and have earned an honorable discharge for all periods of service.
- f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the MSDF Command Surgeon.

#### **4-2. Determination of Grade**

Personnel will be initially appointed to the MSDF in their highest federally recognized grade satisfactorily held or, if approved by the MSDF commander upon recommendation of the MSDF command chief warrant officer, one grade higher.

## **Chapter 5**

### **Enlistments**

#### **5-1. Eligibility**

Individuals meeting all eligibility requirements outlined below may apply for MSDF membership:

- a. Age. Applicants must be at least 21 and no more than 70 years of age.
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the Commonwealth of Massachusetts, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a high school diploma or have passed the General Educational Development Test. An associates degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs is preferred.
- e. Military Service. All applicants must have prior enlisted service in the Uniformed Services of the United States and have earned an honorable discharge for all periods of service.
- f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the MSDF Command Surgeon.

#### **5-2. Determination of Grade**

Enlisted personnel will be initially appointed to the MSDF in their highest grade satisfactorily held or, if approved by the MSDF commander upon recommendation of the MSDF command sergeant major, one grade higher; provided, however, that no such appointment shall be at any grade below staff sergeant.

## **Chapter 6**

### **Application for Membership**

#### **6-1. Application Procedures**

- a. All applicants will submit the following to the MSDF Recruiting Officer for processing:
  - (1) MSDF Form 1 (Application for Membership); see Appendix C.
  - (2) DD Form 2807-1 (Report of Medical History) with MSDF requirements in Block 30a; see Appendix D.

(3) Copy of birth certificate, documentation of lawful permanent residency, or evidence of citizenship; naturalized citizens will submit a statement signed by a commissioned officer or notary public that they have seen the original certificate of citizenship provided that such statement includes the certificate number and date it was witnessed since Certificates of Naturalization cannot be photocopied.

(4) Verification of Social Security Number (copy of Social Security card will suffice for this requirement).

(5) Copies of all DD Forms 214 (Certificate of Release or Discharge from Active Duty) and/or NGB Forms 22 (Report of Separation and Record of Service).

(6) Copies of any military awards not annotated on a DD Form 214 or NGB Form 22.

(7) MSDF CORI Form for Massachusetts Criminal History Systems Board background check; see Appendix E.

(8) Evidence of highest civilian schooling attained (certified transcripts preferred).

(9) Evidence of highest military education attained (copy of diploma, DA Form 1059 (Service School Academic Evaluation Report), or equivalent).

(10) Evidence of a valid motor vehicle operator permit (copy of state-issued driver license) and certified driving record issued by the Registry of Motor Vehicles.

(11) For professional appointments, proof of current unrestricted licensure, registration, certification, or ecclesiastical endorsement (officers only).

b. The MSDF Recruiting Officer will forward all completed applications to the S1 for processing, to include the scheduling of interviews if necessary.

c. Applicants accepted for MSDF membership will complete the Oath of Office located in Appendix F.

## **6-2. Application for Reappointment and Reenlistment**

a. Former MSDF members separated from the organization for no more than 12 months may request reappointment by submitting a memorandum requesting same through the recruiting officer to the Commander, MSDF provided that such separation was honorably characterized.

b. Former MSDF members separated from the organization in excess of 12 months must complete the application process as specified in Paragraph 6-1 provided that such separation was honorably characterized.

c. Former MSDF members involuntarily separated from the organization for cause must request permission to reapply by submitting a memorandum through the recruiting officer to the Commander, MSDF. If this request is approved, the entire application process outlined in Paragraph 6-1 must be completed.

## **Chapter 7**

### **Duty Status and Assignments**

#### **7-1. State Active Duty**

MSDF members conducting official duties shall normally be in an uncompensated State Active Duty status. Those ordered to perform service in emergency situations or at other times when funding is available will normally serve in a compensated State Active Duty status.

#### **7-2. Table of Distribution and Allowances**

The MSDF Table of Distribution and Allowances (TDA) shall be maintained by the MSDF S1. All TDA changes must be approved and/or directed by The Adjutant General.

#### **7-3. Assignment Policy**

MSDF members may be assigned to any position authorized by the TDA compatible with their grade and occupational specialty; provided, however, that members may be assigned to a position one grade below or one grade above that which is authorized by the TDA. For example, a position for which a lieutenant colonel is authorized may be filled by a major (one grade below) or colonel (one grade above). Personnel with professional appointments or serving in critical skill areas as determined by the MSDF commander may be "double slotted" against TDA authorizations as necessary.

#### **7-4. Reassignment**

Unit commanders are authorized to reassign personnel serving under their command. The assignment and reassignment of officers in the grade of lieutenant colonel or above will be made only with the approval of the MSDF commander.

## **Chapter 8**

### **Promotions**

MSDF personnel shall be ineligible for promotion for no less than one year following initial appointment or enlistment. During an unspecified period of time lasting no more than one year following the MSDF's official activation, promotion



standards (i.e. military and civilian education requirements, time in grade requirements, etc.) shall be developed for later publication.

## **Chapter 9 Separations**

### **9-1. Voluntary Separations**

Personnel may be voluntarily separated by submitting a written request through their chain of command to the MSDF commander. Such a request shall specify the reasons (e.g. occupational or educational interference) for same.

### **9-2. Involuntary Separations**

- a. Personnel may be involuntarily separated from the MSDF for the convenience of the government.
- b. Personnel shall be involuntarily separated if, for any reason, they fail to meet eligibility requirements specified within this pamphlet (see Paragraphs 2-3, 3-1, 4-1, and 5-1), fail to meet appearance requirements specified in TAGMA Pam 670-1, or fail to attend the required number of training assemblies without reasonable justification as determined by the MSDF commander. Personnel who fail to maintain a reasonable degree of medical fitness as determined by the MSDF Command Surgeon shall be separated from the MSDF.
- c. Those whose behavior, conduct, or performance effectiveness fails to meet MSDF standards as determined by the MSDF commander shall be separated for cause. Involuntary separation for cause must be approved by The Adjutant General and may be affected for the following reasons:
  - (1) Conduct unbecoming a commissioned, warrant, or noncommissioned officer, especially that which involves moral turpitude.
  - (2) Conviction of a felony by any civilian or military court.
  - (3) Habitual failure to perform required duties.
  - (4) Failure to obey applicable and lawful orders, policies, and regulations.

### **9-3. Retirements**

Commissioned or warrant officers who reach the age of 65 and enlisted personnel who reach the age of 72 shall be retired from the MSDF. Those who are eligible for placement on the State Retired List shall, regardless of age, be transferred to same upon submitting written request as outlined in TAGMA Pam 600-8-7.

## **Chapter 10 Orders Publication**

All MSDF orders shall be published in keeping with guidance obtained from AR 600-8-105, Military Orders. The Deputy Chief of Staff, Personnel shall, through direct coordination with the MSDF S1, be responsible for publishing all orders pertaining to personnel actions for MSDF personnel in the grades of lieutenant colonel and above for officers, chief warrant officer 4 and above for warrant officers, and sergeant major and above for noncommissioned officers. The MSDF S1 shall be responsible for publishing orders pertaining to all other personnel.

## **Appendix A References**

### **Section I Required Publications**

#### **Massachusetts General Laws**

Chapter 33, Sections 4 (Organization of the Militia), 10 (Armed Forces of the Commonwealth, Composition), and 24 (Oaths, form)

#### **NGR Reg 10-4**

State Defense Forces

#### **TAGMA Pam 10-6**

Massachusetts State Defense Force

#### **United States Code**

Title 32, Section 109: Maintenance of Other Troops

### **Section II Related Publications**

#### **TAGMA Pam 600-8-7**

Management of the State Retired List

#### **TAGMA Pam 600-8-22**

Military Awards

#### **TAGMA Pam 670-1**

Massachusetts Military Uniforms

### **Section III Prescribed Forms**

Except where otherwise indicated below, the following forms are available on the AKO, AHP, and APD websites.

#### **DD Form 2807-1**

Report of Medical History (The form contained in this pamphlet must be used as it includes additional, required information in Block 30a)

**MSDF CORI Form** (Not available on AKO, AHP, or APD websites)

**MSDF Membership Application** (Not available on AKO, AHP, or APD websites)

### **Section IV Referenced Forms**

Except where otherwise indicated below, the following forms are available on the AKO, AHP, and APD websites.

#### **DA Form 2028**

Recommended Changes to Publications and Blank Forms

#### **DD Form 214**

Certificate of Release or Discharge from Active Duty

#### **NGB Form 22**

Report of Separation and Record of Service

**Appendix B**  
**Maximum Allowable Weight**

Height (inches)	Male Personnel	Female Personnel
58		128
59		132
60	156	136
61	161	140
62	165	145
63	170	149
64	175	153
65	180	157
66	185	162
67	191	166
68	197	171
69	203	175
70	210	180
71	218	185
72	223	190
73	229	
74	235	
75	241	
76	246	
77	252	
78	258	
79	262	

**Appendix C**  
**Application for Membership**

**Massachusetts State Defense Force  
Membership Application**

<b>1. General Information</b>		Answer each question in the space provided.	
Last Name		First Name	Middle Name
Date of Birth	Place of Birth	SSN	Sex
Home Address (Street)		City	State Zip
Mailing Address (if different)		City	State Zip
Home Telephone	Alternate (Cell) Telephone	E-Mail Address	
Marital Status	Next of Kin	Relationship	
Next of Kin Home Address		City	State Zip
<b>2. Civilian Education</b>		List all schools attended (attach additional sheet if necessary).	
High School	City	State	Year
College	City	State	Year
Graduate School	City	State	Year
Chief Undergraduate Subject		Undergraduate Degree	
Chief Graduate Subject		Graduate Degree	
<b>3. Work History</b>		Cover the last 5 years (attach additional sheet if necessary).	
May inquiry be made of your present employer regarding your character, qualification, and record of employment? (A "No" answer will not affect your consideration for membership.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of Employer		Dates Employed From To	
Title of Position	Supervisor Name and Telephone Number	Number of Employees Supervised	
Type of Business	Reason for Leaving (Leave Blank if Currently Employed)		
Description of Work			
Name and Address of Employer		Dates Employed From To	
Title of Position	Supervisor Name and Telephone Number	Number of Employees Supervised	
Type of Business	Reason for Leaving		
Description of Work			
<b>4. Skills and Qualifications</b>			
List any current professional licenses/certification (attach copies to this application)			
List any special skills/qualifications with software, emergency management, logistics, communications, public health, etc. (attach additional sheet if necessary).			

<b>5. Military Experience</b>				Attach additional sheet(s) if necessary.		
Military Service: Start with most recent service and show changes in grade and duty in reverse chronological order.						
From	To	Component	Grade	Organization	Duty	
Military Education: Enter information for all military courses successfully completed.						
Resident Courses			Duration		Correspondence Courses	Hours
			Weeks	Days		
Military Qualifications: List any Military Occupational Specialty and Secondary Skill Identifier awarded on orders.						
MOS/SSI	Date Awarded	How Qualification was Obtained (Service School, On the Job Training, Civilian Experience, etc.)				
<b>6. Personal Background Questionnaire</b>						
YES	NO	All applicants must complete; attach separate sheet(s) fully detailing any "YES" answers (except questions 9 and 10).				
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been convicted of a felony by any civilian or military court?				
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you currently on parole or probation?				
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been dropped from the rolls or released from any Uniformed Service of the United States under other than honorable conditions, for unsatisfactory service, by resignation in lieu of court martial, by elimination for any form of corrective or disciplinary action, for the good of the service, or for presenting a security risk?				
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever received a military discharge with a reenlistment code of either RE-4 or RE-3?				
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you presently serving in the Armed Forces of the United States or any reserve component thereof?				
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you presently serving in the State Defense Force of any other state or territory?				
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever been discharged for cause by the State Defense Force of any other state or territory, the Civil Air Patrol, the U.S. Coast Guard Auxiliary, or any similar organization?				
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you a member of any paramilitary training organization not authorized by Congress or the Massachusetts General Court?				
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you meet MSDF height/weight standards outlined in Appendix B of TAGMA Pam 600-10?				
<input type="checkbox"/>	<input type="checkbox"/>	10. (Males born after December 31, 1959 only) Are you registered with the Selective Service System?				

**7. Information Use and Safeguarding**

The primary use of information provided on this application is to determine your eligibility for membership in the Massachusetts State Defense Force. As such, this information may be disclosed to individuals and agencies as required to investigate your statements. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this application. The safeguarding of information you provide is governed by the provisions of Massachusetts General Laws (MGL) Chapter 4, Section 7, Clauses 26 (a) - (s); MGL Chapter 66; and MGL Chapter 66a.

**8. Statements of Understanding, Certification, and Authorization for Release of Information**

I understand that members of the Massachusetts State Defense Force serve in a voluntary and generally uncompensated capacity and will only be paid in the event that they are called into active state military service. I further understand that members of the Massachusetts State Defense Force shall be required to attend reasonably scheduled drill periods (at least one per quarter) in order to satisfy performance standards.

My statements on this form, and on any attachments to it as well as all other forms required to complete the Massachusetts State Defense Force application process, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this and all other applicable forms. I understand that a knowing and willful false statement on this and other required forms can be punished as allowed by law. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my ability to serve in the Massachusetts State Defense Force and/or may result in my removal and debarment from state military service.

I have completed this application and all related/required forms with the knowledge and understanding that any or all items contained herein may be subject to investigation as permitted by law. I consent to the release of information concerning my capacity and fitness by any employer (except my present employer if so indicated in Section 3 of this application form), educational institution, law enforcement agency, and/or other individuals and agencies to MSDF S1 personnel for the purposes of verifying my information and determining my suitability for membership in the Massachusetts State Defense Force. This authorization is valid for the entirety of my affiliation with the Massachusetts State Defense Force.

Print Full Name:

Signature:

Date:

**Appendix D**  
**Report of Medical History (DD Form 2807-1 with MSDF Requirements in Block 30a)**

<b>REPORT OF MEDICAL HISTORY</b> (This information is for official and medically confidential use only and will not be released to unauthorized persons.)				OMB No. 0704-0413 OMB approval expires Mar 31, 2010	
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</b>					
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN). <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. <b>ROUTINE USE(S):</b> None. <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. <b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.					
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER		3. TODAY'S DATE (YYYYMMDD)	
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)			
b. HOME TELEPHONE (Include Area Code)					
<b>X ALL APPLICABLE BOXES:</b>					7.a. POSITION (Title, Grade, Component)
<b>6.a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		<b>6.b. COMPONENT</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		<b>6.c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> MSDF <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)			
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.					
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>		<b>YES</b> <b>NO</b>		<b>12. (Continued)</b> <b>YES</b> <b>NO</b>	
10.a. Tuberculosis		<input type="radio"/> YES <input type="radio"/> NO		f. Foot trouble (e.g., pain, corns, bunions, etc.)	
b. Lived with someone who had tuberculosis		<input type="radio"/> YES <input type="radio"/> NO		g. Impaired use of arms, legs, hands, or feet	
c. Coughed up blood		<input type="radio"/> YES <input type="radio"/> NO		h. Swollen or painful joint(s)	
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		<input type="radio"/> YES <input type="radio"/> NO		i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	
e. Shortness of breath		<input type="radio"/> YES <input type="radio"/> NO		j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	
f. Bronchitis		<input type="radio"/> YES <input type="radio"/> NO		k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	
g. Wheezing or problems with wheezing		<input type="radio"/> YES <input type="radio"/> NO		l. Bone, joint, or other deformity	
h. Been prescribed or used an inhaler		<input type="radio"/> YES <input type="radio"/> NO		m. Plate(s), screw(s), rod(s) or pin(s) in any bone	
i. A chronic cough or cough at night		<input type="radio"/> YES <input type="radio"/> NO		n. Broken bone(s) (cracked or fractured)	
j. Sinusitis		<input type="radio"/> YES <input type="radio"/> NO		13.a. Frequent indigestion or heartburn	
k. Hay fever		<input type="radio"/> YES <input type="radio"/> NO		b. Stomach, liver, intestinal trouble, or ulcer	
l. Chronic or frequent colds		<input type="radio"/> YES <input type="radio"/> NO		c. Gall bladder trouble or gallstones	
11.a. Severe tooth or gum trouble		<input type="radio"/> YES <input type="radio"/> NO		d. Jaundice or hepatitis (liver disease)	
b. Thyroid trouble or goiter		<input type="radio"/> YES <input type="radio"/> NO		e. Rupture/hemia	
c. Eye disorder or trouble		<input type="radio"/> YES <input type="radio"/> NO		f. Rectal disease, hemorrhoids or blood from the rectum	
d. Ear, nose, or throat trouble		<input type="radio"/> YES <input type="radio"/> NO		g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	
e. Loss of vision in either eye		<input type="radio"/> YES <input type="radio"/> NO		h. Frequent or painful urination	
f. Worn contact lenses or glasses		<input type="radio"/> YES <input type="radio"/> NO		i. High or low blood sugar	
g. A hearing loss or wear a hearing aid		<input type="radio"/> YES <input type="radio"/> NO		j. Kidney stone or blood in urine	
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		<input type="radio"/> YES <input type="radio"/> NO		k. Sugar or protein in urine	
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		<input type="radio"/> YES <input type="radio"/> NO		l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
b. Arthritis, rheumatism, or bursitis		<input type="radio"/> YES <input type="radio"/> NO		14.a. Adverse reaction to serum, food, insect stings or medicine	
c. Recurrent back pain or any back problem		<input type="radio"/> YES <input type="radio"/> NO		b. Recent unexplained gain or loss of weight	
d. Numbness or tingling		<input type="radio"/> YES <input type="radio"/> NO		c. Currently in good health (If no, explain in Item 29 on Page 2.)	
e. Loss of finger or toe		<input type="radio"/> YES <input type="radio"/> NO		d. Tumor, growth, cyst, or cancer	

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DoD exception to SF 93 approved by ICMR, August 3, 2000.  
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 Adobe Professional 7.0

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	YES NO
15.a. Dizziness or fainting spells	<input type="radio"/> YES <input type="radio"/> NO	19. Have you been refused employment or been unable to hold a job or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input type="radio"/> NO b. Inability to perform certain motions <input type="radio"/> YES <input type="radio"/> NO c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input type="radio"/> NO d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input type="radio"/> NO 20. Have you ever been treated in an Emergency Room? (If yes, for what?) <input type="radio"/> YES <input type="radio"/> NO 21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input type="radio"/> NO 22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input type="radio"/> NO 23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <input type="radio"/> YES <input type="radio"/> NO 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input type="radio"/> NO 25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input type="radio"/> NO 26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input type="radio"/> NO 27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) <input type="radio"/> YES <input type="radio"/> NO 28. Have you ever been denied life insurance? <input type="radio"/> YES <input type="radio"/> NO	
b. Frequent or severe headache	<input type="radio"/> YES <input type="radio"/> NO		
c. A head injury, memory loss or amnesia	<input type="radio"/> YES <input type="radio"/> NO		
d. Paralysis	<input type="radio"/> YES <input type="radio"/> NO		
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/> YES <input type="radio"/> NO		
f. Car, train, sea, or air sickness	<input type="radio"/> YES <input type="radio"/> NO		
g. A period of unconsciousness or concussion	<input type="radio"/> YES <input type="radio"/> NO		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/> YES <input type="radio"/> NO		
16.a. Rheumatic fever	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/> YES <input type="radio"/> NO		
c. Pain or pressure in the chest	<input type="radio"/> YES <input type="radio"/> NO		
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/> YES <input type="radio"/> NO		
e. Heart trouble or murmur	<input type="radio"/> YES <input type="radio"/> NO		
f. High or low blood pressure	<input type="radio"/> YES <input type="radio"/> NO		
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/> YES <input type="radio"/> NO		
b. Habitual stammering or stuttering	<input type="radio"/> YES <input type="radio"/> NO		
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
d. Frequent trouble sleeping	<input type="radio"/> YES <input type="radio"/> NO		
e. Received counseling of any type	<input type="radio"/> YES <input type="radio"/> NO		
f. Depression or excessive worry	<input type="radio"/> YES <input type="radio"/> NO		
g. Been evaluated or treated for a mental condition	<input type="radio"/> YES <input type="radio"/> NO		
h. Attempted suicide	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
i. Used illegal drugs or abused prescription drugs	<input type="radio"/> YES <input type="radio"/> NO		
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder	<input type="radio"/> YES <input type="radio"/> NO		
b. A change of menstrual pattern	<input type="radio"/> YES <input type="radio"/> NO		
c. Any abnormal PAP smears	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/> YES <input type="radio"/> NO		
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/> YES <input type="radio"/> NO		
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."			

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## The Commonwealth of Massachusetts Military Division

50 Maple Street  
Milford, Massachusetts 01757  
Tel: (508) 233-6552  
www.mass.gov/guard

### CORI REQUEST FORM

The Massachusetts National Guard is certified by the Criminal History Systems Board for access to the conviction and pending criminal case data in order to screen members and employees of the Commonwealth's Armed Forces and Military Division; I understand that a criminal record check will be conducted on me. The information below is correct to the best of my knowledge.

Participant/Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

-----  
PARTICIPANT/VOLUNTEER INFORMATION (PLEASE PRINT)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Maiden Name or Alias  
(If Applicable) \_\_\_\_\_

Social Security Number  
(Optional – Not Required) \_\_\_\_\_

ID Theft Index PIN  
(If Applicable) \_\_\_\_\_

Former Addresses: \_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

-----  
MILITARY DIVISION USE ONLY

*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:* \_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee

-----  
CHSB USE ONLY

Record Attached: \_\_\_\_\_ No Record: \_\_\_\_\_

**Appendix F**  
**MSDF Oath of Office**

**Massachusetts State Defense Force**  
**Oath of Office**

OATH (Completed by Applicant)

I, \_\_\_\_\_, do solemnly swear that I will bear true faith and allegiance to the Commonwealth of Massachusetts and will support the constitution thereof. So help me, God.

I, \_\_\_\_\_, do solemnly swear that I will obey the lawful orders of all my superior officers. So help me, God.

I, \_\_\_\_\_, do solemnly swear that I will faithfully and impartially discharge and perform all the duties incumbent on me as a member of the Massachusetts State Defense Force according to the best of my ability and understanding, agreeably to the rules and regulations of the constitution and laws of the Commonwealth. So help me, God.

I, \_\_\_\_\_, do solemnly swear that I will support the constitution of the United States. So help me, God.

\_\_\_\_\_  
Signature, Grade, Date

ACCEPTANCE (Completed by Officer Certifying Applicant's Oath)

This may certify that \_\_\_\_\_, appointed to the Massachusetts State Defense Force this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_ personally appeared and took and subscribed the oaths required by the constitution and laws of this Commonwealth and by a law of the United States, to qualify him or her to discharge the duties of his or her office.

Before me,

\_\_\_\_\_  
Signature, Grade, Date

## **Glossary**

### **Section I Abbreviations**

#### **CORI**

Criminal Offender Record Information

#### **DC**

Doctor of Chiropractic

#### **DDS**

Doctor of Dental Surgery

#### **DMD**

Doctor of Dental Medicine

#### **DO**

Doctor of Osteopathic Medicine

#### **DoD**

Department of Defense

#### **DPM**

Doctor of Podiatric Medicine

#### **DVM**

Doctor of Veterinary Medicine

#### **MD**

Medical Doctor

#### **MSDF**

Massachusetts State Defense Force

#### **NGB**

National Guard Bureau

#### **OD**

Doctor of Optometry

#### **PhD**

Doctor of Philosophy

#### **PsyD**

Doctor of Psychology

#### **RE**

Reenlistment Eligibility

#### **TAGMA**

The Adjutant General – Massachusetts

**TDA**

Table of Distribution and Allowances

**Section II****Terms****DA Form**

A form used throughout the Army; any form that is used by more than one Army command or agency; approved by the U.S. Army Publishing Directorate.

**DD Form**

A form used by two or more Defense departments or agencies. DD forms are approved by the Director for Information Operations and Reports, Office of the Assistant Secretary of Defense (Comptroller).

**Section III****Special Abbreviations and Terms**

This section contains no entries.